

To make best use of your LIVING WILL

1. Sign and date before two witnesses. (This is to insure that you signed of your own free will and not under any pressure.)
2. If you have a doctor, give him a copy for your medical file and discuss it with him to make sure he is in agreement.

Give copies to those most likely to be concerned "if the time comes when you can no longer take part in decisions for your own future". Enter their names on bottom line of the Living Will. Keep the original nearby, easily and readily available.
3. Above all discuss your intentions with those closest to you, NOW.
4. It is a good idea to look over your Living Will once a year and redate it and initial the new date to make it clear that your wishes are unchanged.

35th printing
Revised May, 1978

A LIVING WILL



Prepared by

CONCERN
FOR
DYING

an educational council

IMPORTANT

Declarants may wish to add specific statements to the Living Will to be inserted in the space provided for that purpose above the signature. Possible additional provisions are suggested below:

1. a) I appoint _____
to make binding decisions concerning my medical treatment.

OR

b) I have discussed my views as to life sustaining measures with the following who understand my wishes
Carl F. Buell,
Stephen M. Buell,
Lucille Mahoney.
2. Measures of artificial life support in the face of impending death that are especially abhorrent to me are:
 - a) Electrical or mechanical resuscitation of my heart when it has stopped beating.
 - b) Nasogastric tube feedings when I am paralyzed and no longer able to swallow.
 - c) Mechanical respiration by machine when my brain can no longer sustain my own breathing.
 - d) _____
3. If it does not jeopardize the chance of my recovery to a meaningful and sentient life or impose an undue burden on my family, I would like to live out my last days at home rather than in a hospital.
4. If any of my tissues are sound and would be of value as transplants to help other people, I freely give my permission for such donation.

*To My Family, My Physician, My Lawyer
and All Others Whom It May Concern*



Death is as much a reality as birth, growth, maturity and old age—it is the one certainty of life. If the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

Signed

Owen F. Buell

Date

July 3, 1979

Witness

Leslie A. Gonth

Witness

Herbert M. Garband

Copies of this request have been given to

Clarence Olson

Karl F. Buell

Lucile Mahoney

LaRon N. Buell